

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155233		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/21/2011	
NAME OF PROVIDER OR SUPPLIER WATERS OF BATESVILLE, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 958 E HWY 46 BATESVILLE, IN47006			
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F0000	<p>This visit was for the investigation of complaint number IN00088226 and complaint number IN00088480.</p> <p>This visit was in conjunction with the a post survey revisit (PSR) to the investigation of complaint number IN00086624 completed on 3/9/2011.</p> <p>Complaint number IN00088226 substantiated, Federal/state deficiencies related to the allegation are cited at F322.</p> <p>Complaint number IN00088480 Substantiated, No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 20 and 21, 2011</p> <p>Facility number: 000138 Provider number: 155233 AIM number: 100266500</p> <p>Survey team: Diana Sidell RN, TC Janie Faulkner RN</p> <p>Census bed type: SNF/NF: 76 Total: 76</p> <p>Census payor type:</p>			F0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0322 SS=D	Medicare: 4 Medicaid: 53 Other: 19 Total: 76 Sample: 8 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed 4-26-11 Cathy Emswiller RN						
	Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills. Based on interview, observation, and record review, the facility failed to ensure a resident received his required nutrition and fluids through a continuous gastrostomy tube [G-tube] feeding. This			F0322	F322 NG Treatment Services-Restore Eating Skills The facility's intent is to ensure that a resident receives their required nutrition and fluids through a		05/20/2011

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	<p>affected 1 of 3 residents reviewed for G-tube feedings in a sample of 8. (Resident #A)</p> <p>Findings Include:</p> <p>Received Policy and Procedure for Tube Feeding from acting D.O.N. on 4/20/11 at 11:08 a.m. with effective date of 01/07 indicated "POLICY: Residents with a Nasogastric, Gastrostomy or Jejunostomy Tube will be provided nutrition and hydration via the feeding tube. RESPONSIBILITY: All Licensed Nursing Personnel, monitored by the Charge Nurse PROCEDURE: ...5. Check placement prior to any feeding, medication or flush administration for G-tubes, J-tubes, and N/G tubes. Documentation of placement checks is included on Tube Feed Administration Record for each shift. 6. Label the feeding bag. For gravity (intermittent) and continuous pump feedings, each time a feeding is administered into the bag, the amount of formula hung and the time it was hung must be noted on the feeding bag. 7. Administer feeding as ordered via continuous pump feeding: a. Clear pump at end and start of shift in order to ensure volume ordered for shift is infused b. Connect the tubing to the feeding container. Fill feeding container with the solution to be infused. c. Hang the</p>				<p>continuous gastrostomy tube feeding.</p> <p>Actions Taken:</p> <p>In regards to Resident # A, the order for continuous food and fluids has been clarified with the physician, and is infusing at the rate per orders. An appropriately functioning pump is in place. There was no negative outcome.</p> <p>Others Identified:</p> <p>100% audit of all residents with g-tube feedings were audited/reviewed to ensure appropriate infusion of nutrition and fluids. No other residents were identified..</p> <p>Measures taken to correct:</p> <p>RN #3 was terminated.</p> <p>All licensed Nursing Staff will be in-serviced on 5/09/11 and on 5/19/11 on following facility policy/procedure for appropriate care of a g-tube; appropriate tubing changes and frequency; monitoring length of time fluids are allowed to hang (depending on open or closed system); and accurately recording the amount of fluids and flushes infused on each shift.</p> <p>100% audit of all feeding pumps was completed to ensure all pumps were functioning appropriately.</p>		

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	<p>container from the IV standard. Fill the drip chamber. d. Attach the tubing to the infusion pump and flush the solution through the tubing according to the manufacturer's directions.</p> <p>e. Connect the tubing to the feeding tube.</p> <p>f. Set the rate as ordered and begin the infusion.... h. Once a formula is put in a feeding bag, it must be administered within eight hours. If the formula is in the bag beyond eight hours, it must be discarded....10. Document your initials and the amount administered in cc's[cubic centimeters] on the Tube Feeding Administration Record. The total 24 hour amount of feeding administered will also be documented on the Tube Feed Administration Record. 11. Document amount of each water flush given in cc's. The 24-Hour total amount of H 2 O flush will also be documented on the Tube Feed Administration Record.</p> <p>Note:If Feeding pump alarms, facility staff may push the pause button on the pump and inform the nurse to address the reason for the alarm."</p> <p>The record of Resident #A was reviewed, on 4/20/11, at 2:00 p.m., indicated the resident was admitted to the facility with diagnoses which included, but were not limited to, chronic aspiration pneumonia, gastrostomy tube, stroke left hemisphere, and encephalopathy with memory</p>				<p>How it will be monitored:</p> <p>The D.O.N./Designee will audit all g-tube residents for appropriate amount of nutrition and fluids infused qd. This will remain a daily QA process. Each Audit will be reviewed in next daily QA stand-up meeting.</p> <p>The ADM/Designee will review these audits in quarterly QA meeting with Medical Director.</p> <p>This Plan of Correction constitutes our credible allegation of compliance with all regulatory requirements, our date of completion is: 5/20/11.</p>		

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	<p>problems, and dysphagia.</p> <p>Review of Resident #A's weights from readmission on 5/20/10 at 158 pounds, 2/10/11 at 134.2 pounds, 3/6/11 at 126.7 pounds, 3/20/11 at 131.4 pounds, 4/3/11 at 132 pounds, and 4/17/11 at 130.2 pounds.</p> <p>Review of physician telephone orders one dated 3/2/11, indicated to increase G-tube water flush to 200 cc 6 times daily, and one dated 3/21/11, indicated to increase tube feedings of two cal HN to 45 cc/hour per pump continuous.</p> <p>On 4/20/11 at 3:05 p.m. Observation of Resident #A with tube feeding of two cal HN 1000 cc container connected to a feeding pump running at 45 cc/hour. Documentation on container of feeding dated 4/20/11 at 2:00 a.m., 1000 cc hung. There was approximately 550 cc of feeding left in the container at time of observation (13 hours and 5 minutes of hang time).</p> <p>Review of Facility Incident Reporting Form and their investigation of incident involving Resident #A reported to the D.O.N. on 3/20/11 at 10:28 p.m. when RN #1(night shift nurse) arrived on duty and found Resident #A's feeding pump turned off with the empty bottle of two cal</p>						

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	<p>HN hanging from the previous day. Review of signed statement from RN #3 indicated she could not remember if she gave resident his G-tube feeding.</p> <p>Review of signed statement from CNA #4 dated 3/23/11, indicated that she and CNA #5 were doing rounds on 3/19/11, around 3:00 p.m., when Resident #A was playing with his G-tube line when he pulled on it and the feeding pump fell to the floor and the line came apart from the feeding bag, CNA #5 got the line and put it back together with RN #3 standing there she hooked the pump back onto the pole. Then the two CNA's took Resident #A to his bed and laid him down, put a new brief and a gown on resident. CNA #4 indicated that she plugged the feeding pump back into the wall and went out of room. CNA #4 returned to change resident after 6:00 p.m. and RN #1 was cleaning up the floor and the pump where the food bag or line was leaking. CNA #4 indicated that the next day, 3/20/11, four or five times the pump was going off and she told RN #3. CNA #4 indicated she plugged the feeding pump in and it still didn't stop. Then around 7:00 p.m. RN/#1 went into resident's room and "the bag that had been put on that morning was still almost full. (Resident's name) did not look like he was his normal self he was acting really weak and his face was really</p>						

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	<p>flushed looking and he had only been wet once that shift". CNA #4 indicated she reported to resident's nurse that he was wet once in 13 hours.</p> <p>Review of signed statement from CNA #5 dated 3/22/11, indicated the incident as reported by CNA #4 in above statement as accurate and that RN #3 had been notified and the RN reattached pump to pole and CNA #5 put end of "feedline" into bottle to stop it from leaking any more. CNA #5 indicated there was a 1/2 to 3/4 cup of feeding on floor.</p> <p>The D.O.N.'s notes indicated through her investigation she had determined that Resident #A did not receive approximately eight hours of his feeding.</p> <p>Interview with ADON on 4/21/11 at 3:30 p.m. regarding how long containers of tube feedings hang before changing. "None of them hang over 24 hours". "The tubing is changed along with a new bottle of feeding to maintain a closed system." "We have one continuous feeding and two bolus feedings."</p> <p>The ADON provided a policy and procedure for continuous G-tube feeding on which she inserviced 6 members of licensed nursing staff on 3/25/11, which indicates the feeding solution, tubing, and</p>						

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	<p>the syringe are to be changed every 24 hours, even if there is still feeding solution in the bag. The ADON identified this as their current policy and procedure.</p> <p>Interview via telephone with RN #1 regarding documentation in nurses notes on 3/20/11 and 3/21/11 concerning continuous feeding pump and feeding tube not working properly. RN #1 indicated that he had to replace the gastrostomy tube per order at 8:00 p.m. on 3/20/11 as it was occluded. Then around 11:30 p.m. RN #1 noticed the feeding pump wasn't working correctly and there was not another feeding pump available. RN indicated he contacted the D.O.N. and unable to get another feeding pump until morning. "Feedings were given 35 cc every hour bolus until able to obtain feeding pump." "I hung new tubing and a new container of two cal HN after I got the new feeding pump." "If a container of feeding gets knocked over or is leaking, we replace the container of feeding, tubing, and then document on the container and the G-tube Flow Sheet the date, time, and amount of feeding hung with the nurse's signature/or initials per our policy and procedure."</p> <p>This federal deficiency relates to complaint # IN00088226.</p>						

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